SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF CISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION . ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED EC 17 AM 8:53

SIGNATURE:

OF STATE

1. Corporation	Name # K2632 5) (8)			SE	CRETARY OF STAIDA ILAHASSEE, FLORIDA		
RAINBOW BEND RESORTS, INC.						LAHASSEE, LOUIN		
יותוויוטט	THE PERO DESCRIPTION INC.							A 18 BURNE B 18 BURNE 1881
Principal Place of Business Mailing Address								
PO BOX 39572 PO BOX 39572						REINSTATEM	FMT	$\Gamma \cup \Gamma \cap \Gamma$
FT LAUDERDA	LE FL 33339	FT LAUDERDALE FL 33339			KEM2 Marin	I BOT O	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	
US US						3. Date Incorporated or Qualified	3a. Dat	e of Last Report
	<u></u>					06/16/1988	06/	30/1995
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number 65-0055492		Applied For
Suite, Apt. #	elc	Suite, Apt. #, etc.			03 0000402		Not Applicable \$8.75 Additional	
22	, 515	27.			5. Certificate of Status Desired		Fee Required	
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be	
23		28				Trust Fund Contribution	<u> </u>	Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in	- —	
24	25 9. Name and Address of Current		30			Florida Statutes 10. Name and Address of New Reg	Yes	No
		Medisteled Water		81	Name	TO. Name and Address of New Hog	ISIBIBU M	gent
	SON, GEORGE S		ļ	-	0:	400 D M 15 M-1 A		
2929 E COMMERCIAL BLVD STE 605				82	Street Addre	ess (P.O. Box Number is Not Acceptable	3)	ł
	LAUDERDALE FL 33308	83						
••	- 10 D - 10 1 C 1 C 00000			84	City			85 Zip Code
					_		FL	
 Pursuant to office or re 	the provisions of Sections 607.0502 distered agent or both, in the State of	and 607,1508, Florida Statute: f Florida, Such change was au	s, the ab thorized	ove by 1	-named corporation	ration submits this statement for the pun's board of directors. I hereby accept	rpose of cl the appoir	nanging its registered
agent. I an	n tanifor with and accept the obligat	ions of, Section 607.0505, Flor	ida Statu	tes.			2	
SIGNATURE	Signative type dor printed name of registered 40001	Alote Alote	Dogistared	I Ana	nt signature required	12/(1)	<u> </u>	
12.	OFFICERS AND		13.		- K = Q = EUO 10 (00 EU	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS IN 12
IME	PSD	DELETE	1.1 TITLE					Change Addition
NAME	EDISON, GEORGE		12 NAME					
STREET ADDRESS	2929 E COMMERCIAL BLVD		1		ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE	1.4 CITY - :		T-ZIP	- Endona	127	
TITLE NAME		T percie	2.1 TITLE 2.2 NAME			5000020 -12/24/	96b	1111—DI8
STREET ADDRESS			2.3 STREE		ADVORFEE	***#37	5.00	****375.00
CITY-ST-ZIP			2.4 CITY -					46.
TITLE		DELETE	3.1 TI			:.	ΞĹ	Change Addition
NAME			32 N	ME				4
STREET ADDRESS			3.3 51	REET	ADDRESS			
CITY-ST-ZIP		I l perere		_	ST-ZIP			T Occupation
TITLE		C DELETE	4.1 11				L.	_ Change _ Addition
NAME STREET ADDRESS			4.2 N		ADDRESS			
CITY-ST-ZIP					it-zip			
TITLE		DELETE	5.1 Tr		11-4-H			Change Addition
NAME		_	52 N	ME				
STREET ADDRESS			5.3 \$1	REET	ADDRESS			•
CITY-ST-ZIP			5.4 CI	TY-5	ST-ZIP			
TITLE		DELETE	6.1 TI					Change Addition
NAME			62 N			۸۸		_ ~ :
STREET ADDRESS					ADDRESS	W.	-گار	-12Un
CITY+ST-ZIP	y certify that the information supplied	with this filing is voluntarily fur	B.4 CI	nd o	it-ZIP dogs not qualif	ty for the exemption stated in Section 1	19,07(3)(k), Florida Statutes, t
14. I do hernby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am a fligger or director of the corporation or the receiver or invited empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Blood (y) or Block (a) if changed or on an fitted ment with an address.								
that my na	arne appears in Blood V or Block is if	changed, or on an httachmon	l with an	add	ross.	1/-		